

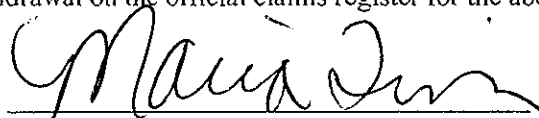
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

WITHDRAWAL OF CLAIM

Debtor Name and Case Number:	<input checked="" type="checkbox"/> Motors Liquidation Company, Case No. 09-50026 <input type="checkbox"/> MLC of Harlem, Inc., Case No. 09-13558 <input type="checkbox"/> MLCS, LLC, Case No. 09-50027 <input type="checkbox"/> MLCS Distribution Corporation, Case No. 09-50028 <input type="checkbox"/> Remediation and Liability Management Company, Inc., Case No. 09-50029 <input type="checkbox"/> Environmental Corporate Remediation Company, Inc., Case No. 09-50030
Creditor Name and Address:	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY C/O ZEEHANDELAR, SABATINO & ASSOCIATES, LLC 471 E BROAD ST, STE 1200 COLUMBUS, OH 43215
Claim Number (if known):	50980
Date Claim Filed:	11/25/2009
Total Amount of Claim Filed:	\$14,596.70

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. I hereby withdraw the above-referenced claim and authorize the Clerk of this Court, or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above-referenced Debtor.

Dated: 8-20-2010



Print Name: Maria Fisher

Title (if applicable): Claims Representative

